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APPLICANTS

Stuart Bunting, Montara, CA;  
 Ross Clark, Pacifica, CA;  
 Nancy Gillett, El Granda, CA; Hongkui Jin, San Bruno, CA;  
 Renhui Yang, San Bruno, CA;

\*\* CONTINUING DATA \*\*\*\*\* *PS*

This application is a CON of 10/288,254 11/04/2002 ABN  
 which is a CON of 10/045,622 10/24/2001 ABN  
 which is a CON of 09/724,787 11/28/2000 ABN  
 which is a CON of 09/550,736 04/17/2000 ABN  
 which is a CON of 09/302,924 04/30/1999 ABN  
 which is a CON of 08/228,548 04/15/1994 PAT 5,935,924

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>PS</i>	Initials		

ADDRESS  
 09157  
 GENENTECH, INC.  
 1 DNA WAY  
 SOUTH SAN FRANCISCO , CA  
 94080

TITLE  
 Treatment of congestive heart failure